

**Issue Classification**

(Assistant Examiner) (Date)

*[Signature]*

(Legal Instruments Examiner) (Date)

<input checked="" type="checkbox"/> Claims renumbered in the same order as presented by applicant						<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47		
Final	Original		Final	Original		Final	Original		Final	Original		
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	5			35			65			125		185
	6			36			66			126		186
	7			37			67			127		187
	8			38			68			128		188
	9			39			69			129		189
	10			40			70			130		190
	11			41			71			131		191
	12			42			72			132		192
	13			43			73			133		193
	14			44			74			134		194
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	18			48			78			138		198
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	23			53			83			143		203
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	26			56			86			146		206
	27			57			87			147		207
	28			58			88			148		208
	29			59			89			149		209
	30			60			90			150		210